

RISK MANAGEMENT UPDATE

for Physicians and Other Healthcare Providers

**Friday December 12, 2014 & Saturday December 13, 2014
Boston, MA**

Course # 341372	Tuition: All fees shown in USD	Physicians, Attorneys, and Doctoral-Level Professionals	Other Health Professionals, Residents, Fellows, and Trainees
Full Course: Liability Protection and Prevention (Friday, Dec 12) Courtroom Preparation and Survival (Saturday, Dec 13)		<input type="checkbox"/> \$595	<input type="checkbox"/> \$395
Liability Protection and Prevention <i>only</i> (Friday, Dec 12, 2014)		<input type="checkbox"/> \$350	<input type="checkbox"/> \$250
Courtroom Preparation and Survival <i>only</i> (Saturday, Dec 13, 2014)		<input type="checkbox"/> \$350	<input type="checkbox"/> \$250

To register by mail:

- Please check one of the six boxes above to indicate whether you will be attending the Full Course or the Friday or Saturday programs.
- Complete the fields below and include a check (draft on a United States bank) payable to:
Harvard Medical School Department of Continuing Education

Mail this completed form and your check to:

**Harvard Medical School Department of Continuing Education
P.O. Box 417476
Boston, MA 02241-7476**

**You can also register by
credit card (VISA, Mastercard or American
Express) online at
RiskManagement/HMSCME.com**

A handling fee of \$60 is deducted for cancellation. Refund requests must be received by postal mail, email, or fax one week prior to this activity. No refunds will be made thereafter.

Please print your name clearly below. All fields are required.

Full Name _____

Profession _____ Degree _____

Street Address _____

City _____ State/Prov _____ Zip _____ Country _____

Daytime Phone (_____) _____ Fax Number(_____) _____

Email Address _____

Please note: Your email address is used for critical information, including registration confirmation, evaluation, and certificate. Please be sure to include an email address that you check daily or frequently.

Physicians, Please Also Complete These Required Fields

Primary Specialty _____ Board Certified? Yes No

Professional School Attended Harvard Medical School US Medical School International Medical School

Year of Graduation _____